

WRITE PLAINLY WITH UNFADING INK—THIS AS A SEPARATE RETURN must be made for each, and the number of each in N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila  
District of \_\_\_\_\_  
Town of Miami  
or \_\_\_\_\_  
City of \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 139  
County Registrar No. \_\_\_\_\_  
Local Registrar No. 1001

No. Miami-Ins. Hospital Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Lillian Carol Forbes (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 5. No., in order of birth \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth Nov. 10, 1926  
Month Day Year

8. FATHER  
Full name Byron James Forbes  
9. Residence (Usual place of abode) Miami, Arizona  
If non-resident, give place and state. Arizona  
10. Color or race Cauc.  
11. Age at last birthday 49 (Years)

14. MOTHER  
Full maiden name Eileen Hill  
15. Residence (Usual place of abode) Miami, Arizona  
If non-resident, give place and state. Arizona  
16. Color or race Cauc.  
17. Age at last birthday 21 (Years)

12. Birthplace (city or place) Beloit, Kansas  
(State or country)  
13. Occupation Millman  
Nature of Industry Mining

18. Birthplace (city or place) Mullen, Idaho  
(State or country)  
19. Occupation Housewife  
Nature of Industry

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)  
(a) Born alive and now living 2  
(b) Born alive but now dead \_\_\_\_\_  
(c) Stillborn \_\_\_\_\_  
21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born at 12 P. m. on the date above stated  
(Born alive or stillborn.)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.  
Signature Byron M. Brown (Physician or midwife)  
Address Miami, Arizona

Given name added from a supplemental report \_\_\_\_\_  
Month, day, year \_\_\_\_\_  
Filed Jan 11, 1927 Local Registrar.  
County Registrar.

362-1110-583